



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION
CODES ENFORCEMENT SECTION**

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☐
West

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Middle

531 Henley St.
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East

FOLLOW-UP SCHOOL INSPECTION REPORT
2006 Edition of NFPA 101 Life Safety Code, Chapter 15
2006 Edition of INTERNATIONAL FIRE CODE
Cycle 2

July 1, 2010 thru June 30, 2011

Public: ☐ Private: ☐

Date:

DEPUTY STATE FIRE MARSHAL:

School:

TFM:

Street Address:

City:

ZIP:

County:

Principal:

E-Mail:

Director of Schools:

E-Mail:

NUMBER OF STORIES EXCLUDING NON-OCCUPIED BASEMENT

SPRINKLERED PER NFPA 13

YES ☐ **NO** ☐ **Partially:** ☐

SPRINKLERED AREA (if partially sprinkled):

On the above date an annual safety survey was conducted at this facility. The following deficiencies, as shown by "NO" responses are noted by classification according to their severity. The classifications are listed in parentheses prior to each deficiency.

- (I) Requires **immediate** corrective action.
- (A) Requires corrective action **within 30 days**.
- (B) Requires corrective action **within 120 days**.
- (C) Requires corrective action **within one (1) year**.

Provide a Plan of Corrective Action (POCA) within **30** days of receipt of this report, showing how and when each noted deficiency will be corrected. **Send POCA's to:** _____, **Deputy State Fire Marshal, VIA E-Mail at:** _____ **or mail to Tennessee State Fire Marshal's Regional Office. The addresses are located at the top of this form.**

Follow-up Inspection

1.	Was an acceptable POCA received from school administrators approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Is the means of egress free and clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are the emergency lighting systems and exit signs operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Is the fire alarm system operational? Deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Is the fire sprinkler system operational? Deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Has Kitchen hood fire suppression system been inspected and serviced by a State licensed fire suppression company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Has a fire drill been witnessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Are fire drill records kept in accordance with TCA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	ADDITIONAL COMMENTS/DEFICIENCIES				
a.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

DEFICIENCIES- NEW AND EXISTING

(Including classifications A, B, C) STILL PRESENT FROM PREVIOUS INSPECTIONS

DOE PROGRAM(s) INCLUDED IN THIS INSPECTION ☐ **PRESCHOOL** ☐ **SCHOOL AGE**

1.		Is this program recommended for approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		If there is more than one DOE program at this facility, are all programs recommended for approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AN EXIT INTERVIEW WAS CONDUCTED WITH A REPRESENTATIVE OF THIS FACILITY ON THIS DATE. THE REPRESENTATIVE INDICATED THERE WERE NO QUESTIONS IN REFERENCE TO THIS REPORT.

CC: FILENET
Principal
Director of Schools
DOE : Jan.Bushing@tn.gov